


Attached Required Document Checklist			
Voided Check		email to: anna@vaultedsecurity.com	
Business Verification Document			
Copy of Drivers License			
Managing Partner Name:			
Date Submitted:			

Merchant Application Submission Form

Merchant (Business) DBA Name:	
Business Legal Name:	
Contact Name:	Contact Phone Number:
Physical Address:	City, State, Zip:
Phone Number:	Fax Number:
Email Address:	Website:
Billing Address:	City:
State:	Zip:

Business Type	
<input type="checkbox"/> Corporation - circle one: Private or Public <input type="checkbox"/> LLC - circle one: C corp S corp P partner D disregarded entity <input type="checkbox"/> Sole Prop <input type="checkbox"/> Other:	Business Start Date: EIN/Federal Tax ID#
<input type="checkbox"/> Partnership	Refund Policy? Yes No Types of Goods Sold:

Ownership Information (25% or more) *Might need information on all owners*

Officer/Owners Name:	Title:	Social Security:
Home Address:	City, State, Zip Code:	
Drivers License#:	Expiration Date:	State:
DOB:	Home Phone Number:	
% of Business Owned: _____%	Length of Ownership:	

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank
ABA Routing #
Account #

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$	Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$		
Average Ticket	\$	Terminal Type:	
High Ticket	\$	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes No
Card Swiped: _____% Card Keyed In: _____% = 100%		Equipment Purchase:	Yes No
Card Present: _____% Card Not Present _____% =100%			
MOTO: _____% Internet: _____%		PIN Debit Pin Pad:	Yes No
Cash Discount or Traditional		POS Software Integration:	Yes No
Notes:		Software Name & Version:	
		Next Day Funding:	Yes No
		Tip Adjust:	Yes No



Additional Owner Information:

Officer/Owners Name:	Title:	Social Security:
Home Address:	City, State, Zip Code:	
Drivers License#:	Expiration Date:	State:
DOB:	Home Phone Number:	
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